1 .	The		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	2100
1	2		. 13171 CERTIFICATE OF DEATH Reg. Dist.	10103/
h: Poge 4 Il director, filed with	M)	1. PL	ACE OF DEATH COUNTY HORT-ORD. MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence o. STATE b. COUNTY HOR	
£ 5 8		b.	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give	nearest town)
s ofter y the fa	71	d.	NAME OF HOSPITAL (If not in hospital, give street address), d. STREET ADDRESS OR INSTITUTION THAN I ON A MEMORIAL HOSPITAL 328 49W 51.	o. IS RESIDENCE ON A FARM? YES NO W
24 hau)	DE	AME OF CLASED Charles Hill and Last OF Month OF DEATH 12	Doy Yeor
with vith Po		5. SE	Make White widowed Divorced 4 March 1903 54 yrs. Months Do	EAR IF UNDER 24 HRS. ys Haurs Min.
executed nd comple nn papers. death.	2	10a, t	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZE SWITZPRLAND SWITZPRLAND 12. CITIZE TO NOT 15 T DENTIST	Res lauce.
ote be ician or e corbo		13. FA	ATHER'S NAME CHARLES OLLER 14 MOTHER'S MAJOEN NAME / WHITH !	Kunz
ng physic remove 72 hours	0	(Yes, r	(AS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 100 or unknown) (If yes, give wor or dollar of service) 213 38 9111 // na all der (Wife 328 Law	-51.06d. M
e deoth ottendi n pleas		1	B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) SYN DYOME	INTERVAL BETWEEN
uires that the ganed by the opermit. Then in only event			Conditions, if any, which gave rise to immediate (b) POST-happtitic City NOS'S	3/2 mo
requires ion. en signed nsit perm			DUE TO Lying couse lost. (c)	
physicians beer iol-tron	0	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	PERFORMED?
IAN: The service of the service of rem		0 1	10a, ACCIDENT WAS UNDERLYING CONTRIBUTION OF DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) RECONTRIBUTING CONTRIBUTION OF DEATH RETHER, NOTIFY MEDICAL EXAMINERS	
PHYSIC ral or att this certi r use os		MEDICAL	Oc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. 19 While Not while of work	nty) (Slote)
TTENDING 1 the haspit TOR: After detached for burial, cr			21. I certify that I attended the deceased from 9 19 to 12 - 18 - 19 5, that I last alive on 19 5, and that death occurred at 1 - 15 M, from the causes and an the ADDRESS (Street, africation)	t saw the deceased date stated above. DATE SIGNED
OR A ined by DIRECT Id be prior 1	1	S	IGNATURE JOHN SY	
HOSPITAL oy be reto FUNE see 3			HYSICIAN'S JAME (Type) BURIAL CREMATION (22b. DATE-THEREOF 122c NAME OF CEMETERY OF CREMATORY) 122d IOCATION (City Town or County)	
O HOSP moy be o FUNE poge 3	. A	Ch	Baito Waryla	(State)
VS A1S (4) 15M 9/55	Post	23. Fg	INERAY DIRECTOR'S SIGNATURE To the To average alterations and DATE LE 245, REGISTRAN'S SIGN. DATE LE 2457 Live 1/2	Terry
	1			

MTALE TO STATISTICS

BUREAU V. S.

DEC 88 1025

FOR STATE

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FULL IL DIRECTOR: Page 3 should be used as a burial-transit mermit. File pages 1 and 2 with the fire 8 board of Health, or its algusted agent, prior to burial, cremation, or removal, and in any every within 22 hours offer.

VS. A15ME 5M 2/57

- MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13172 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

13170/85 Reg. Dist. No.

1.	o. COUNTY LL	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
1	b. CITY OR TOWN (If outside corporate limits, write PURAL C. LENGTH OF STAY IN 1b	1 3 10 50 6
) 4	and give nearest town)	C. CITY OR TOWN, (If outside corporate limits, write RURAL and give nearest town)
1	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospita), give street oddress)	d. STREET ADDRESS
E	Hartord Memorial Hospital	YES NO W
	NAME OF DECEASED (Type or print) ANN 2	11eN JATE Month Doy Your Death December 22 1957
5, 9	SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED 6. D. WIDOWED DIVORCED NO	ATE OF BIRTH 9. AGE (In years lead birthday) 15 UNDER 1YEAR IF UNDER 24 HRS Wonths Days Hours Min.
10e	Do. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired)	11. BRIHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
1	HOUSE WIFE AT HOME	PENNA. USA.
13.	3. FATHER'S NAME	4. MOTHER'S MAIDEN NAME
	NESTER	ORMANT Address CONSHOHOSKEN
	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFO (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO. 17. INFO (If yes, give wor or doles of service)	BARBARA HENSLEY PA.
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL BY IWEEN ONSET AND DEATH
	PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) CRUSHING =	-NIVAY OF
	01111	
\checkmark	Conditions, if ony, which) by HEAD	
	gove rise to immediate couse (a), stating the underlying DUE TO	
	couse lost. (c)	
8	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN'IN PART 1(0) 19. WAS AUTOPSY PERFORMED2
CATION		AES NO X
CERTIF	PRIMARY OF CONTRIBUTING DI CAUSE OF DEATH.	r nature of injury in Part I ar Port II of item 18.)
		puto-duto type
MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PIACE Hour p. m. 12 221957 While of work of work of work	OF INJURY (Home, form, 20f. (City or town) (County) (Slote)
MA		Rust 40 per tyville Ceil Ma
	21. I certify that I took charge of the remains described above	, held on Autopsy , Inspection . Inquiry , and in my
	apinian death resulted from: Natural causes , Accident	Suicide, Hamicide, Undetermined manner
	SIGNATURE Devald (Palmer)	A.D. CHIEF MEDICAL EXAMINER Bel Air, My DATE SIGNED
	EXAMINER'S Geralde Palmer	ASSISTANT MEDICAL EXAMINER () /2-22-57
		SE MEMORIAL PARK/ MERION TWP. PA.
P.	Expan Funeral Homes Small H. The	240 RECD BY REGISTRAN 240 RECUSTRAN STIGNATURE
-	Clatos 1	

HEND INJUNE OF

BUREAU V. E.

DEC 30 1957

BECEINED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

JEC 15 1957

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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AS OFFICE AND STREET OF STREET

BUREAU Y. S.

DEC 88 1025

BECEINED

death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

DECENAED

DEC 18 1324

BUREAU V.

13175 **CERTIFICATE OF DEATH** Reg. Dist. No director, iled with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Pali b. COUNTY MARYLAND deoth. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN(If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) GLACE d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 2 60X 35 mWBI YES NO P Ξ, NAME OF Eirst 4. DATE Middle Day Year filled DECEASED OONE (Type or print) DEATH Poges 19 5 S. SEX 7. MARRIED X NEVER MARRIED AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 4. COLOR OR RACE 8. DATE OF BIRTH Months WIDOWED [7] DIVORCED [yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? 157 13 FATHER'S NAME 14, MOTHER'S MAIDEN MAME 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17 INFORMANT 20 CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY a IMMEDIATE CAUSE (o) DUE TO 400.0 permit. Conditions, if any, which Bued gove rise to immediate **DUE TO** coese (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES | NO 20g ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) IT EITHER, NOTIFY MEDICAL EXAMINERS 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20f, (City or town) Day, Year (County) (State) factory, street, office bldg., etc.) Hour o.m. Not while While of work Of work p. m. 19 57 that I last saw the deceased 21. I certify that I attended the deceased from 20 M, from the causes and on the date stated above. alive on_ and that death occurred at 5. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE prior P PHYSICIAN'S CT COVES FUNER. 22b. DATE THEREOF 220. BURIAL, CREMAT ON, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) poge ò 0 EUNERAL DIRECTOR'S SIGNATURE ADORESS 24b. REGISTRAR'S SIGNATURE 24n, REC'D BY REGISTRAR VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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TATE OF THE

		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13176
		13177 CERTIFICATE OF DEATH Reg. Dist. No. 19
director		DEACE OF DEATH a. COUNTY Hartano 2. USUAL RESIDENCE (Where deceased lived the institution: Residence before admission) o. STATE Ulawlaw, b. COUNTY Hartar.
demth		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) CLULL CCCLL
by the f	rs .	d. NAME OF MOSPITAL (If not in hospital, give street address) OR INST TUTION LUCY (If plus of the plu
filled in		1. NAME OF DECEASED (Type or print) 1. DATE Month Day Year OF DEATH 12 1957
d within letely F		SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B B DATE OF BIRTH WIDOWED DIVORCED - 1/39/1955 9 AGE (In years lif UNDER 1 YEAR IF UNDER 24 HRS loss birthdoy) Months Days Hours Min
exacuted and compound death.	1	Ou USUAL OCCUPATION (Give kind of work done 10th. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Lace of the state of the s
ician a		3. FATHER'S NAME Underwere 14 MOTHER'S MAIDEN NAME MULL CS GOTTE
ng phys e remay 72 hau	a	5 WAS DECEASED EVER IN U. 5 ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT We no. or uninform) (If you give wor or doing of service) Mary and Person of the service of doing of service) Mary and Person of the service of the
at death		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchial Preumonia
by the		L9/X DUE TO Conditions, if any, which)
aguires in permit in permit in an information of in		gove rise to immediate cottse (a), stating the <u>under-landers</u> DUE TO lying couse last.
e lom sobysicia as been al-trans aval, ar	,	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO
AN: The		200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
INTSICI of a ath bis certif use as l		20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a. m. p. m. 19 While at wark of work
DING haspite After the for rial, cre		21. I certify that I attended the deceased from Nov. 19, 1957, to Dec. 19, 1957, that I last saw the deceased alive an Dec. 17, 1957, and that death accurred at 6:00 ft. M, from the causes and on the date stated above.
ATTEN by the ECTOR: e detact or to bu		ACTUAL SIGNATURE Storge J. Stansbury , M.D. 569 Revolution St., Have de Grace Md, 12/21/57
retained AL DIRI	1	PHYSICIAN'S George T. Stansburg
may be roose 3	Ī	Burial Cremation, 2b. Date thereof 2c. name of temetery or crematory 22d Location (City, town, or county) (Stote) Removal (Specify) Rumial 12/23/57 John Wesley Concetery Abingdon, Maryland
P E Q 0. =		3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
15M 9/\$\$	F	DATE LLS LS 51 1 Live 1 Live

TEADSET

		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18		
ps		13201 CERTIFICATE OF DEATH Reg. Dis	1. No. 191	
95	1.	LACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence	re before admission)	
P		Harford Maryland Maryland Har	ford	
		CITY OR TOWN (If outside corporate limits, write RURAL and g RURAL and give nearest town)	ive nearest town)	
	L	Aberdeen 3/ Chesapeake Gardens Aberdeen,	_Md.	
50		NAME OF HOSP, TAL (If not in hospital, give street address) OR INSTITUTION d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?	
		US Army Hospital 402-E Waterveliet St	YES NO	
		IAME OF First Middle Last 4. DATE Month OF OF DEATH TO COMPANY (YPS OF PIRIT)	Day Year	
	5. 1	TOTALD BOILDS DECEMBET	2 19 5'	
		last birthday) Months	Days Hours Min.	
		USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Slote or foreign country) 12, CITI	ZEN OF WHAT COUN	
		during most of working life, even if retired)	ISA	
	13.	ATHER'S NAME 14. MOTHER'S MAIDEN NAME	h)A	
		Lester Burke Joan I Harris		
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT no, or unknown) 1. (If yes, give year of date of service)		
*	L	- Father		
		IB. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN	
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Carebral Concussion Severe	9 Hours	
V		DUE TO		
Conditions, if ony, which				
		case (o), storing the under DUE TO		
10	FICATION	"ead injury, Laceration spleen, Contusion of left Lung	PERFORMED?	
		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PRESENCE: in automobile struck		
	CERT	(If EITHER, NOTIFY MEDICAL EXAMINER) Passenger in automobile, struck by truck		
	MEDICAL	The Property of the Control of the C	aunty) (Stat	
1 .	ME	0955 Prox 2 Dec 1957 of work of work Highway Route 40 Aberdeen Harf	ford Md.	
		21. I certify that I attended the deceased from 2 December , 1957, to 2 December , 1957, that I le	ast saw the decea	
		alive on 2 December, 19 57, and that death occurred at 1810p M, from the causes and on th	e date stated abo	
		A A A A A A A A A A A A A A A A A A A		
		ACTUAL ADDRESS (Street, city or town, stote)		
,		SIGNATURE - 1 . COS Me/Me 3		
,		SIGNATURE US ARMY HOSPITAL		
1	220	PHYSICIAN'S V G COSERIU MAJOR MC US ARMY HOSPITAL A BERDEEN PROVING GROUND, Md.	December 1	
1	220	PHYSICIAN'S NAME (Type) V G COSERIU MAJOR MC ABERDEEN PROVING GROUND, Md. BURIAL, CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or county) REMOVAL (Specify)	December 1	
1		PHYSICIAN'S NAME (Type) V G COSERIU MAJOR MC BURIAL, CREMATION, 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY BURIAL (Specify) BURIAL (12 Physician) 12/6/57 POST Cometery Aberden Proving County Aberden Proving Cuneral Director's Signature Address 1240 Registrar 1240 R	December 1 (Stote) g Ground.	
97X		PHYSICIAN'S NAME (Type) V G COSERIU MAJOR MC US ARMY HOSPITAL A BERDEEN PROVING GROUND, Md. BURIAL, CREMATION, 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Burial 12/6/57 Post Cemetery Aberden Proving	December (Stote) g Ground.	

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1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13178
		13178 CERTIFICATE OF DEATH Reg. Dist. No. / /
director	1. [LACE OF DEATH COUNTY HARFORD MARYLAND 2. USUAL RESIDENCE [Where deceased lived. If institutions Residence before admission] a. STATE M. COUNTY HARFORD COUNTY HARFORD COUNTY HARFORD COUNTY ON THE COUNTY
post of the first		CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Tay RY-(18-GRACE IIII) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) A PY-(18-GRACE IIII)
by the		NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION HOR TORA ME MORIAL TOSPITAL ON A FARM? YES NO DE
filled in		NAME OF First Middle Last, 4. DATE Month Day Year OF DECEASED Type or print) MeLVIN INDMAS BURKINS DEATH 12 2 1957
rs. Pog	5. 5	EX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Male While Widowed Divorced 3 Spot. 1900 57 yrs Months Days Haves Min.
on paper death.	10a	USUAL OCCUPATION (Give kind of work done done done done done) Usual OCCUPATION (Give kind of work done done done done) Truck driver Oil Company 11. BIRTHPLACE (Stole or foreign country) U.S.A.
e carbo rs after	13	TATHER'S NAME Unknown 14. MOTHER'S MAIDEN NAME 10 LIC Unknown
ng physe remov		NO PECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT CLASSE BURKINS JET JERGEEN 7/14.
he attendi hen pleas ent within		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Acute myscardial Inforction ONSET AND DEATH 4 Clays
permit. I		Conditions, if ony, which gave rise to immediate cares (a), stating the under DUE TO DUE TO Conditions, if ony, which gave rise to immediate cares (a), stating the under DUE TO
fronsit if, and if, and	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
- Burial-	CERTIFICAT	20a ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Port II of item 18.)
use as the	MEDICAL CE	(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour a.m. Hour a.m. p. m. 19 While Not while of work at wo
ched for		21. I certify that I attended the deceased fram Nov 18 , 1957, ta 12/2 , 1957, that I last saw the deceased alive an Nov 2 , 1957, and that death accurred at 4P M, fram the causes and an the date stated above.
be delo		ACTUAL SIGNATURE THOUGH Phullin M.D. Dailington mil 14/4/57
P P P		PHYSICIAN'S Dudley Phillips Darlington, Md.
page 3		BURIAL CREMATION, 22b. BATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY BURIAL (Specify) Bel Air Memorial Gar. Bel Air, Md.
15 (4) 9/5\$	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS Abordeon, Md. PALEO. 6 57 7 Cellin R Plany PALEO. 6 57 7 Cellin R Plany
	1	

SAME SECTION AS

TO PROTY ANDICAL EXEMBLE: This certificate should be exercised within 1st hours often and the flow delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.

TO FULL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the regis forward TO FUI

MARYLAND STATE DEPARTMENT OF HEALTH 13202 MED

NO STATE DEPARTMENT OF REALTH—DALITMORE,	10 10 1 11/1
ICAL EXAMINER'S CERTIFICATE OF DEATH	13179
TORE EXAMINER 5 CERTIFICATE OF DEATH	Reg. Dist. No. 182

		C. COUNTY H 27-50 >-01 MARYLANE	B. STATE A b. COUNTY & CL	Second services of the
	Ŀ	b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16	c. CITY OF TOWN (If outside corporate limits, write RURAL and	give nearest town)
		huch ried, H19/w17	d. STREET ADDRESS	e. IS PES DENCE ON A FARM? YES NO
	-	NAME OF DECEASED (Type or print) G 120 L S H. Middle	1) 1-/4 DATE OF Month OF DEATH Pacamber	Day Year 1957
	5. S	6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	Institutional	YEAR IF UNDER 24 HRS.
)		to USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDU- during most of working life, even if retired) Holh E	NORRISTY 11. BIRTHPLACE (Stole or foreign country)/ NORRISTILLE U	S'A
		HOWARD PRESTON HULSHAIR	14. MOTHER'S MAIDEN NAME OLIVE E WALE	<u></u>
	15 Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 10. no. or unknown) 117 yes, give wor or doler of services 2/1 - 16 - 66 65 37	homas A Clarkee 16 Lin High	CARED
		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	communed	INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if ony, which gove rise to immediate cause [a], stating the underlying couse last.	is skull	
	CERTIFICATION	PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINALDISEASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO
		CAUSE OF DEATH. Anto wearle	(Enter noture of injury in Part I or Port It of Item 18.)	
	MEDICAL	Hour o.m. 12-14 195 White Not white of work of work of	ACE OF INJURY (Home, farm, 20t. (City or tawn) (Courtory, street, aff ce bidg., etc.)	yer wel
		21. I certify that I took charge of the remains described ob death resulted from: Natural causes . Accident . Su		, and find that
		ACTUAL GENERAL CPOLING	_M.D. CHIEF MEDICAL EXAMINER Bel Air 1	U DATE SIGNED
		EXAMINER'S GEILLE CPOLME	ASSISTANT MEDICAL EXAMINER D	12-15-57
		BURIAL CREMATION, 226. DATE THEREOF 22C. NAME OF CEMETERY OF BEMOVAL (Specify) 12/17/57 10P.1715 VII	LLE NORRISVILLE	(State)
	23. C	runeral director's signature harreltone	lle Me DATE 12.19-57 Rurrille	Louverd.

VS. A15ME(5) SM 9/55

BALLETA K. S.

DEC ST II

VIII A15 (4) 15M 9/55

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18

MARYLAND STATE DEPARTM	MENT OF HEALTH—BALTIMORE, 18 1318()
13180 CERTIFIC	ATE OF DEATH Reg. Dist. No. 185
o. COUNTY Maryland Maryland	2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) b. COUNT b. COUNT
b. CITY OR TOWN (If autide carporate limits, write) c. LENGTH OF STAY IN 1b RURAN and give negret town) Hermall Clark 40 Mps	c CITY OF TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospitol, give street address) OR INSTITUTION	216 M. Almin aul, 1 . 15 RESIDENCE ON A FARM? YES NO D
3. NAME OF DECEASED (Type or print) Conne & Middle	A. DATE Month Day Year OF DEATH 12/16/5-7 19
5 SEX 6. COLOR-OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE In year IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdoy) Grand IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Haurs Min.
100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IND dryng most of working life, even if retired)	USTRY W. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? Duffin Hanfard a Ma U.S.A.
Wm. S. Daugherty	Georgeanna Cantler
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. (Yos, no. or unknown) (If yos, give wor'v dotes of samply Mulenswor)	ms J. C. Kahler 11 m. Address live.
18. CAUSE OF DEATH [Enler only one cause per lime for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
DUE TO	1 Din 2 day
Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse tast.	Francisco Emblero 10 days.
	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
E OR CONTRIBUTING □ CAUSE OF DEATH CAUSE OF DEATH	RED (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. jr. p. m. 19 While at work at work	PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote) octory, street, office bldg., etc.)
21. I certify that I attended the deceased from. 12/13	th occurred at 10 10 M, from the causes and on the date stated above.
ACTUAL SIGNATURE FORE (Selbert 11:1)	ADDRESS (Street, city or town, state) DATE SIGNED M.D. 12/18/57
PHYSICIAN'S FRONK WEBST 1 279-BURIAL CREMATION 22b. DATE THEREOF 12c. NAME OF CEMESERY	10 Hame free Maxles
Chisin 12/19/57 Congel 10	till Hande Cine, My.
Jesusytes I'm Hande Grace	MG. DATE 12-19-57 G. L. Harring M. R.



BUREAU V. S.

7 7	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMOKE, 18	40404
lled with	. 13181 CERTIFICATE OF DEATH Reg. Dis	1. No. 185
filled with	1. PLACE OF DEATH o. COUNTY O. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence of the county of the co	te befare admission)
shauld be fi	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAY and give nearest town) HAURE de Grace, Rt 1 23 hrs 1 HAURE de Grace Rt	ive nearest fown)
42 show	d. NAME OF HOSPITAL IIF not in Kaspital, give street address) OR INSTITUTION HOR TO A Mc morial HOSpital Within Hood Road	e IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) GORDON L Davis DEATH DECEMBER	25 1957
P & .	11/are 10/1/72 WIDOWED DIVORCED 11/24/143/ 26 yrs	Days Hours Min.
bon papers.	JRUCK DRIVER Unknown North CaroLina	U-S.
ē ē/ē 👚 🔪	Millard Davis Martha (Roark)	
ing physic ie remove 72 havrs	15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no or unknown) (If yes, give wor or dotes of service) Unknown Millard Davis. Robin Hood Wood	Houford lo.
e atlendi	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) URE MIA	INTERVAL BETWEEN ONSET AND DEATH
signed by the permit. It does not	Conditions, if any, which gave rise to immediate coese (a), stating the underlying cause lost. DUE TO Chronic Nephritis DUE TO	340213
ial-transit roval, and	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	19. WAS AUTOPSY PERFORMED? YES NO
ficate the bur	206. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.)	
this certion to use os emotion	20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Haur a.m. 19 While Nat while at work at work at work 19 at work 19 Not work 19 No	aunty) (State)
R: After tacked for burial, cr	21. I certify that I attended the deceased fram <u>Dec. 10</u> , 1957, to <u>Dec. 25</u> , 197, that I alive on <u>Dec. 25</u> , 1957, and that death occurred at 125 P. M. fram the causes and an the ADDRESS (Street, city or town, state)	
DIRECTO Id be det prior to	ACTUAL SIGNATURE SELECT D 14. / M.D. 421 GGNG BLSS AVE. HAL	RE DE GRACE
₹ 👫	PHYSICIAN'S NAME (Type) GUNTHER D. HIRSCH ITAVR & CLE GREE MOI 220 SURIAL CREMATION, 1 226, DATE THEREOF, 1220, NAME OF CEMETERY OR GREENATORY 226, LOCATION (City, towards country)	· · · · · · · · · · · · · · · · · · ·
Page The reg	220. SURIAL, CREMATION, 22b. DATE THEREOF, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, toward county)	M.C. (Store)
5 (4) 7/55	Quene de Pan. Lande Cace Md DATE/2-26-57 G. L.	Fem, & m. M

BUREAU V. R.

CERTIFICATE OF DEATH Rea. Dist. No. filed with Poge 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN IIf outside corporate limits, write c. LENGTH OF STAY IN 16 c. City OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) Raral within 24 hours after d, NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE OR INSTITUTION ON A FARM? PARTITION OF YES NO P Calvary Ξ. NAME OF DECEASED Middle Lost 4. DATE Month Yeor filled OF DEATH 195 (Type or print) 5. SEX 6. COLOR OR RACE 9. AGE (In years lost birthday) 7. MARRIED NEVER MARRIED 4 B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min. WIDOWED I DIVORCED [Apr. 28.1957 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) mest Virginia U.S.A. none 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician Albert L. Epperson death certificate Mollie M. Bailey 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address no none Albert L. Epperson New Castle Delaware 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Hans DUE TO requires that ۵ Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying cause lost. burial-transit (c) CERTIFICATION PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f, (City or town) (County) (Stote) factory, street, office bldg , etc) of work 2 -8. 195 Shot I lost saw the deceased 21. I certify that I oftended the deceased from L and that death occurred at _____M, from the causes and on the date stated above. DIRECTOR ADDRESS [Street, city or town, stole) DATE SIGNED ACTUAL SIGNATURE pino PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION, 226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole) REMOVAL (Specify) Jurial Epperson Family Memetery Dec. 11.1957 Bluefield 0 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240 REC'D BY REGISTRAR . 24by REGISTRAR'S SIGNATURE DATE Abingdon, maryland.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BUREAU V. E.

DEC 15 1.

BECEINEI

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13204 CERTIFICATE OF DEATH Rea. Dist. No Filed with funeral director, 1. PLACE OF DEATH o. COUNTY 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) b. COUNTY MARKS AND hours after death. b. CITY OR TOWN (If autside carporafe limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN of outside corporate limits, write RURAL and give regrest town) RURAL and give negrest town should d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION 24 YES IN NO 2. NAME OF Middle 4. DATE Month Year filled DECEASED OF aurice DEATH (Type or print) Pages Dec 19.57 30 6. COLOR OR RACE 7. MARRIED THEYER MARRIED 5. SEX AGE (In years last birthday) IF UNDER I YEAR IF UNDER 24 HRS B. DATE OF BIRTH Months Days Hours WIDOWED | DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State ar foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Disoutcher 1. S. A. offer 13. FATHER'S NAME physician Susan hour 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one cause per ting for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) **DUE TO** Canditions, if any, which has been signed gave rise to immediate DUE TO couse (a), stating the underlying sause last. burial-transit PART HOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO SEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? NO T 20g. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bidg., erc.) Haur a. gi. While Not while at wark at wark p. m. 21. I certify that I attended the deceased from Lithat I last saw the deceased M. from the couses and on the date stated above. death occurred DIRECTOR: ADDRES (Street, city **DATE SIGNED** PHYSICIAN'S NAME (Type) TO FUNE 22b. DATE THEREOF 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or county) (Slote) page REMOVAL (Specify) on 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240 FREC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

1.3

DESERVED V. S. V. S. V. S. V. S. V. S. V. V. S. V. V. S. V. V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Rea. Dist. No. EALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission a. COUNTY files. Heofth, o. STATE **b.** COUNTY darford MARYLAND b CITY OR TOWN It outside corporate limits, write RUPAL CLENGTH OF STAY IN 16 c. CITY OR TOWN (If outs de corporale lim'ts, write RURAL and aive nearest town) for your food of H ISI. and give Pearest Iown] Street 2 mo. street d. NAME OF HOSPITAL OR INSTITUTION (If not in hospita), give street oddress) retained for d. STREET ADDRESS e. IS RES DEPTY E UU ON A FARM? YES IN NO 3. NAME OF Middle 4 DATE Month DECEASED OF DEATH (Type or print) merin ny (T Guerra F. Frank 19 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 1 8 DATE OF BIRTH 9 AGE Ilin years IF UNDER TYEAR IF UNDER 24 HRS fast birthday) Months Days Mours Min. WIDOWED [DIVORCED T November 28, 1957 50 N 10g. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11, B.RTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Robert Tena :lia Sally Tranke 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mrs. Louise Lindberg, 1107 Cavendish 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Broncho ne ronza IMMEDIATE CAUSE (o) burioi-tronsit **DUE TO** Conditions, if ony, which] gove rise to immediate cause **DUE TO** (a), stating the underlying couse fost. PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? Congenital heart disease NO F 20g, EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED | 20e PLACE OF INJURY (Home, form, 1 20f. (City or fown) (County) (Stole) factory, street, office bldg., etc.) While o. m. Nat while of work at work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . opinion death resulted from: Natural causes 7. Accident Suicide . Homicide . Undetermined manner DIREC DATE SIGNED CHIEF MEDICAL EXAMINER [7] ASSISTANT MEDICAL EXAMINER **EXAMINER'S** Palmer DEPUTY MEDICAL EXAMINER NAME (Type) 220 BURIAL, CREMATION, 22b, DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, fown, or county) (State) 4 **5** ... Burial (Specify) 0 Oak Lawn Cemetery Colmate ADDRESS 23 FUNERAL DIRECTOR'S SIGNATURE 249 RECID BY REGISTRAIL 246. REGISTRAR'S SIGNATURE A15ME Home 2112 Dundalk Ave. Erscilla Forwo DATE 5M 2757

2 .V UATE 3

DEC ...

1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
7	7	13182 CERTIFICATE OF DEATH Reg. Dist. No. 185
filed with		1. PLACE OF DEATH o. COUNTY Lar ford County MARYLAND 2. USUAL RESIDENCE [Where deceased fived. If institution, Residence before admission] o. STATE Mareland b. COUNTY Lar ford
uneral Id be fi	1	b. CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) RURAL and give nearest town) Slaves de Crale 20 days Forest Hell
by the d	4	d. NAME OF HOSPITAL (If 16) in hospital, give stylest address. Aux ford Memorial Hospital BOX 378 Hoopes Road ON A FARM? YES NO
filled in		3. NAME OF DECEASED (Type or print) Winnie L. (Joines) 4. Date Month Doy Year DECEASED (Type or print) DEATH DECEMBER 28 1957
s. Page		5. SEX) 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months Days Hours Min.
d camp n paper death.	Y	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Linguisia U.S. 12 CITIZEN OF WHAT COUNTRY? Linguisia U.S. 13 CITIZEN OF WHAT COUNTRY?
cian and carbon s after de	1	13. FATHER'S NAME (14. MOTHER'S MAIDEN NAME Me Wady
og physi remave 72 haur		15 WAS DECEASED EVER IN U. S ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Horizon P. Loins Box 378 Horses Ad. Mel
tendir please rithin		18. CAUSE OF DEATH [Enter only one couse par-line for (g), (b), and (c).]
The of		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Toslorior Corgnary Mironton with 3 weeks DUE TO My ocardial inflarction
gned by permit. in ony		Conditions, if only, which gove rise to immediate course (a), stoling the under DUE TO
sen si ansit and		7 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
physical-fr	0	3 21 - Diabetes mellitus
ficate the by		200 ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Part II of item 1B.) UR CONTRIBUTING [] CAUSE OF DEATH UR EITHER, NOTIFY MEDICAL EXAMINER]
bis certs use as		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. P. m. 19 (County) (Stote) While Not whire of work of wo
of, cre		21. I codify that I attended the deceased from Dec. 9ths., 1967, to Dec. 35th, 1957, that I last saw the deceased
OR: /		alive an DC 25 1
DIRECT DIRECT Id be o	1	SIGNATURE tudant (108m) M.D. 211 N. Uman Ave. 12/28/5
ERAL D		PHYSICIAN'S Edurand C. Loo, M.D. Havre de Epace, sud
FUN		DEMOVAL (Specify) 21c 30/57 WH310 & Muthalist Foundation (City, lown, or county) HARTER J
VS A15 (4) 15M 9/55		23 FUNERAL DIRECTOR'S SIGNATURE BEI A: Md. ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE. DATE V 3 196
15M 9/55		A DATE O LOUP OF U. K. Lewer

BUREAU V. S.

OBCEINED.

5M 9/55

		13207	MEDICA	L EXAMINER	'S CERTIFIC	CATE OF D	EATH	Reg. Dist. No	847
	1	PLACE OF DEATH # 3	15000	MARYLAN	O STATE	NCE (Where deceased I	lived. If Institution b. COUNTY	Residence be	ofore admission)
		c. CITY OR TOWN If outside corporate and give negrest town) A > C - 6 C	e N	c. LENGTH OF STAY IN I	e. CITY OR TO	WN III outside corpora	te limits, write RU S run	IRAL and give s	nearest lown)
N. N. S.		NAME OF HOSPITAL OR INSTITU	UTION (If not in hos	spital, give stree(address)	d. STREET ÅDD	RESS	RD	t	e. IS RESIDENCE ON A FARM? YES NO
		NAME OF DECEASED (Type or print) EVE	Lyn Lyn	Rutter	G7-86	DATE OF DEATH DE	ec (m)	6 > Day	Year —
	5. S	FW	WIDOWE	D DIVORCED	8 Jan 1	907	5 yrs.	UNDER TYEAR	Hours Min.
Y	1	USUAL OCCUPATION (Give kind bring most of working life, even is ACCOUNTING	of work done 10b. It relired) C	kind of Business or Indi ivil Servic		(Stote or foreign count	η)	U.S.	F WHAT COUNTR
1	13.	George P	Rutter		14. MOTHER'S MAI		Jone	8	
	15. Yes	NAS DECEASED EVER IN U. S. AT	an alasan as namilant	SOCIAL SECURITY NO. 117 20-22-0373	Charles	H.Green	Address .Rising	Sun,1	Id.RD 1
		Conditions, if any, which)	ED BY: D	for (a), (b), and (c). }	clue	en		INTE	RYAL BETWEEN
}	CERTIFICATION	PART II. OTHER SIGNIFICA		ONTRIBUTING TO DEATH BU					9. WAS AUTOPSY PERFORMED? YES NO
	1	PRIMARY OF CONTRIBUTING CAUSE OF DEATH.		E HOW INJURY OCCURRED	thler noture of injury	in Part I or Part II of i	lem 18.]		
	MEDICAL	Hour a.m. p.m.	19 While of wo	Nat white fork at work	LACE OF INJURY (Homeoctory, street, office bld	g., elc.)	iown)	(County)	(Slole)
		21. I certify that I took of death resulted from: No ACTUAL SIGNATURE SIGNATURE STANDARD GRANDER'S G-e			M.D. CHIEF MEDI		ection A. etermined cau Bol A c		and find the
	220	Burial CREMATION, 226. DATE	12-1957	Hopewell			City, town, or o		(Stote) Rural
	23,	FUNERAL DIRECTOR'S SIGNATURE	ex Long	Perryvill	e.Md.	REC'D BY REGISTRAR		AR'S SIGNATU	RE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

X CTI K

WI AMAGA

death.

within 24

3 'A OLGUNA

DEC. SC 1037

13209 CERTIFICATE OF DEATH

Reg. Dist. No. 182

-1	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	
	COUNTY HARFERD MARYLAND	STATE MD. COUNTY HARFORD	7
	CITY (If outside corporete limits, write RURAL LENGTH OF STAY OR and give neerest town) (In this place)	CITY (If outside corporate limits, write RURAL and give neeres) town)	
	TOWN RURAL JOPPA SYRS	X-TOWN RURAL JAPPA.	
	HOSPITAL OR	STREET (If rural give location)	
1	INSTITUTION OR STREET ADDRESS	ADDRESS PRACTILE	
		J0/17 /1/2	
	3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month) (Dey)	(Year)
	(Type or Print) 03 2112 Marie	HERDS DEATH 12 28	1057
	S. SEX 6. COTOR OR 7. SINGLE, MARRIED; 8. DATE OF		DER 24 HRS
	RACE WIDOWED, DIYORCED; (Spedity) /-29	- 1885 72 yrs. Months Days Ho	urs Min.
	10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS	II. BIRTHPLACE (State or loreign country) 12. CITIZEN OF	WHAT
_/	done during most of working life, even If OR INDUSTRY	HAPE BY COUNTRY?	1
-"	HOUSEWIFE OUN HUME	MAKEORID (0, MP. 1 USA	7
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	WILLIAM WALSH RICHARDSON	ELIZABETH NODGERS WIL	615
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17 INFORMANT & ADDRESS	
- [(Yes, no, or unk.) (Il Yes, give war or dates of service)	Thursday 20 call Jake to de	
	18. MEDICAL CER	TIPICATION INTERVAL	1421/44128
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AN	D DEATH
	2211 IMMEDIATE CAUSE (A) Corobral him	orhage 11mm	n 12
			run,
	ANTECEDENT CAUSE(S) DUE TO	FURENT STONE 120.	
	DISEASES OR CONDITIONS, IF ANY, (B)	30.49	10
	STATING UNDERLYING CAUSE LAST. DUE TO		
	[C]		
	TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
	DISEASE OR CONDITION CAUSING DEATH.		
	190. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20, AUT	OPSY?
		YES [NO X
	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	c. WHERE DID INJURY OCCUR? (City or lown) (County) (S	Stele)
	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 2	II. HOW DID INJURY OCCUR?	
	M. et work el work		
		117 12 - 17	
	22. I hereby certify that I attended the deceased from 12.	, 19 47 ,, to 7 2 195 7, that I last saw the	deceased
II	alive on		
¥	SIGNATURE		SIGNED
2 2	her Otto does M.D.	Edgeword md 12-3	19-6
1-55 10M	23. BURIAL CREMATION, DATE THEREOF NAME OF CEMETERY OR		(State)
ñ	REMOVAL (SPECIFY)	- 1:0	(2(0.6)
A15C	DURIAL 12-31-193/ NORRISVIL	LE METH, NOBRISVILLE HARTERD CO.	, MD
5	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	2S. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	, mary
	DATE 2-28.57 Prescilla Fourment.	The start of the	13
ı	MILE OF ALL ANDIVICES ADMILLED	James of Brokery, Justilier	-

BUREAU V. E.

J. E NAT

MECENAED

VS A15 (4) 15M 9/55

		131	83	CERTIF	IC/	ATE OF E	EATH			, ,	Reg. Dis	13	19(),04
1. PLACE OF DE 6. COUNTY	ATH	Harfo	rd	MARYL	AND	2. USUAL RESI	Maryla			If institutio	n Residenc			ion)
b. CITY OR TO RURAL and	OWN (If a	outside corporate limits, w	rile	c. LENGTH OF STAY I	ч ть	c. CITY OR	TOWN (If or	itside corp	orote limit	ts, write RL	IRAL and g	ve nea	rest town	1
		Belair		6 Weeks			Perry	Hall		2	2 /	,		
d. NAME OF OR INSTITU	UTION	of ord Conv.				d. STREET A		40 Rt	t. 1	Jopp	oa, Mo		ON A	FARM?
3. NAME OF DECEASED (Type or print)	First Adam		Middle J ,	I	leil		4. DATE OF DEATH	ŧ	Monl	Dec.	Doy		fear 19 57
5. SEX	- 1	S. COLOR OR RACE 7.	MARRIE	NEVER MARRIED		B. DATE OF BIRTI	-1		9. AGE	(In years irthday)	IF UNDER	YEAR	IF UNDE	
Male			DOWEC		- 1	Aug. 16			91	yrs.	Months	Days	Hours	Min
10a. USUAL OCC during most Brack	of workin	(Give kind of work done g life, even if retired)	10b. K	onstruction	INDU	STRY 11. BIRTHPL	ACE (Slote o		country)			ZEN OI		COUNTRY
13. FATHER'S NA	ME					14. MOTHER'S	MAIDEN N	AME						
		John Heil					Ceee	lia	Deig	elmar	1			
15. WAS DECEAS	SED EVER	N U. S. ARMED FORCES	16. \$	OCIAL SECURITY NO.	17. 1	NFORMANT				Addr	055			
No		And Bus mer or pores or estrates		None	Mr	s. Willia	am Plu	mmer	Rt.	1 B	E 140	Jo	ppa,	Md.
PARI	I. DEATH	Enter only one couse WAS CAUSED BY: WMEDIATE CAUSE (o)			STO	N(Embolu	s inci	Ldent	to A	uric	ılar	ONSI	RVAL BE	DEATH
400		DUE TO		,		fibril	lation	1)						
gove rise couse (o),	Conditions, If ony, which gove rise to immediate couse (o), stoting the under- lying couse tost.													
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	BUTING [UNDERLYING 206 CAUSE OF DEATH EDICAL EXAMINER)	. DESCI	RIBE HOW INJURY OC	CURRE	O. (Enter noture o	Finjury in Po	ort i or Pa	rt II of ite	m 18.)				
ZOc. TIME OF		. N	20d. INJ Vhile I work	Not while	Oe. PL/ foo	ACE OF INJURY (I flory, street, office	Home, form, bldg., etc.)	20f. (Cit	y or lown)		(Co	ounty)		(Slote)
21. I cert alive an_ ACTUAL SIGNATURE	ACTUAL DE COOR DE LE LA COMPANIE SIGNAL DE LA COMPANIE SIGNAL DE COMPANIE SIGNAL DE LA COMPANIE SIGNAL DE COMPANIE SI COMPANIE SIGNAL DE COMPANIE									d abave TE SIGNED				
PHYSICIAN' NAME (Type			uns											
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23. FUNERAL DIS	ECTOR'S	SIGNATURE		ADDRESS	20	01	24a. REC'D	BY REGIS	TRAR 2	4b. REGIS	TRAR'S SIG	NATUR	3_	
Carantin	10/1	MAKA CHOY	no	7401/24	2/12	11/1/1/2	DATE	0	101	VALOR	2000	1 1	hur	and

MADVIAND STATE DEPARTMENT OF HEALTH PALTIMODE TO

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1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13191
		. 13184 CERTIFICATE OF DEATH Reg. Dist. No. /
l director, filed with	M)	1. PLACE OF DEATH o. COUNTY Harfox MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. STATE MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. STATE MARYLAND
# 52 \	Idi	b CITY OR TOWN (If putside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) CLURAL Dec.
by the fund 2 should	47	d. NAME OF HOSPITAL (if not in hospital, give street oddress) OR INSTITUTION # 3 / Logers 5 (reet 1 3 logers to 1 1 2 logers) ON A FARM? YES NO DE
n 24 Ilo Filled in		3 NAME OF DECEASED (Type or print) Stella Blackwell Totus our 14. DATE OF DEATH 12 27 1957
d within 2 letely fills s. Pages		5. SEX 6. COLOB OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS lost birthday) WIDOWED DIVORCED 13/2 (1/878 1998) 9. AGE (In years lost birthday) Months Days Hours Min
executer of camp of camp death.	,	10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY, 11 BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY? 40e10 William (Country) 40e10 William (Country)
e be carbo ofter		13 FATHERS MAME Theorde Blackwell Elizabeth Thomas.
certificate I ng physician remave car 72 hours aff	^	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (I) you, give wor or dotes of service)
death of	0	THE CAUSE OF DEATH [Enter only one couse per, thing for (o), (b) and (c)]
the or		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) TOTALLO TOTALLO ONSET AND DEATH ONSET AND DEATH
통 후 · · ·		Conditions, if ony, which by the conditions of t
5, 5 ,2 ± .0		couse (a), stating the under DUE TO lying couse lost. (c)
physiciar physiciar as been iol-transi	0	Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO
AN: The anding sicate have bur an rem		200. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port II or Port II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSICI of or att his certifi use as emation,		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 of work of work of work 19 of w
ENDING he haspith R: Affer I ached fai		21. I certify that I attended the deceased from 12 1947 to 12 24, 195 that I last saw the deceased alive on 124, 1957, and that death occurred at 3726M, from the causes and an the date stated above.
ATT det	1	ACTUAL SIGNATURE ACTUAL SIGNA
TAL OR retained AL DIRE		PHYSICIAN'S NAME (Type)
HOSPI TOY be FUNES oge 3		220 BYRIAL CREMATION 226 DATE THEREOF 220 NAME OF CEMPTERY OF CREMATORY 22d LOCATION (C by town, or county), (Stole)
VS A15 (4)	4	23 EUNIFAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE DATE OF THE PROPERTY OF THE PROPER
15M 10/57	V	former 30-5 11 v, there of the

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1	D	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13186 CERTIFICATE OF DEATH
director,	H	1. PLACE OF DEATH o COUNTY 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission)
death, ra funeral dire		b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
by the fu	KD	HAVRE DE GRACE LIFETINE HAVRE DE GRACE DE LA STRESIDENCE OR INSTITUTION NOME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION NOME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION NOME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION NOME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION NOME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION NOME OF HOSPITAL (If not in hospital, give street oddress)
filled in t		3. NAME OF DECEASED (Type or print) CLARA HAYES KENNEDY DEATH 12 29 1957
d within oletely fi rs. Page		5. SEX 7 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED 3/20/1880 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Monits Days Hours Min
and camp ban papel	1	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
erntrage b physician emave car haurs affa		FRANKLIN OWENS 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no. or unknown) (If yes, give wipe or dates of service) Address
attending please r within 7;	0	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: ONSET AND DEATH
requires that the identity is signed by the a stit permit. Then and in-any event		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last. (b) Chartenia Despotation (b) Chartenia Despotation (c) Chartenia Despotation (d) Chartenia Despotation (e) Chartenia Despotation (f) Chartenia Despotation (g) Chartenia Despotation (h) Ch
physical physical phas bee prival-transmoval, a	0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
attending rifficate is the bu		20c. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED. 20e. PLACE OF INJURY Home form. 20f. (City of found)
ital or this ce or use c		Haur o. m. p m. 19 While Not while of work o
the hasp DR: Affer stoched (burial,		21. I certify that I attended the deceased from 124 1, 194 to 12 1, 194 that I last saw the deceased alive on 194 1, and that death occurred at 77. M, from the causes and on the date stated above. ADDRESS/(Street/city or town, state) DATE SIGNED
DIRECT DIRECT Id be de	1	SIGNATURE CI Z LUNE M.D. GARNE M.D. STAND DAN 12/31-4
De rete JNEPAL e 3		PHYSICIAN'S NAME (Type) L-1 1/2. BEWIS L-1 1/
A Page the re	NV	23. FUNERAL DIRECTOR'S SIGNATURE 1 JADDRESS 1 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
15M 10/57	19.1	Vennington of Have de Soras MI DATE 12-31-57 4. Fr. Frenco mills



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director,

registrar within by the funeral

within 24

EDING PHYSICIAN OR HOSPITAL: The Jaw requires that the death certificate be executed may be retained by the hospital-or-aftending physician.

The b

INSTRUCTIONS

TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with the certificate has been executed by the attending physician and completely filled in death merificate assemily should be detached for see as a serial transit seems.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

13194

CERTIFICATE OF DEATH 13210

Reg. Dist. No.

	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
	COUNTY HATFORD MARYLAND	STATE Md. COUNTY HARFORD
	CITY (If outside corporate fimits, write RURAL OR end give nearest town) TOWN RURAL BEI ATT LENGTH OF STAY (In this place) 32 YLORS	CITY (If outside corporate limits, write RURAL and give neerest town) X 10WN RURAL BELATO
ı	HOSPITAL OR HOSPITAL OR	
4	INSTITUTION OR WAKE FIELD-FOREST BrivE	ADDRESS WAKE FIELD-FOREST Drive
	3. NAME OF (First) (Middle) DECEASED	(Lest) 4. DATE (Month) (Day) [Yaar]
1	(Type or Print) DorothEA Bilz Kun	IKE DEATH Dec 28 1957
	5. SEX 6. COLOR OR RACE WIDOWED, DIVORCED, NACE OF PUBLISHED RUGUET	BIRTH 9. AGE fest birthday IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work dona duting most of working life, evan if OR INDUSTRY	II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	ratirad Housewife Housework	Ba) tiMORE MJ USA"
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Joseph Bilz	Burbara BriEr
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. NEORMANT & ADDRESS WAKEFIELD FOREST Drive
1	(Yas, no, or unk.) (If Yes, give war or datas of service)	Mr. John N. Kunhal Bal Afr. R.D., md.
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	FIFICATION INTERVAL BETWEEN ONSET AND DEATH
	LL' IMMEDIATE CAUSE (A) CONVULSION ECARDI	
-	ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (8) CEREBRAUASCULA	R APCIDENT IDMINUTES
ı	GIVING PISE TO THE ABOVE CALLS	A BECESCIO!
	STATING UNDERLYING CAUSE LAST. DUE TO (C) HYPERTENSIVE CI	ARDIOUASCULAR DISERSE 10 YRS.
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING DEATH. DISEASE OF CONDITION CAUSING DEATH. STROKE 3 Y	
	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	21. ACCIDENT WAS UNDERLYING TO 1 21. BLACE (Many Ann Control of the Control of th	YES NO IV
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
	21d TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21a. INJURY OCCURRED 2 White Not white 4 work	18. HOW DID INJURY OCCUR?
	22. I hereby certify that I attended the deceased from	1947 to 28 DEC 1957 that I last saw the decoared
/1	alive on 20 DEC , 19 57 , and that death occurred at A	10:45 P.M. from the causes and on the date stated shove
ξ	SIGNATURE / ///	ADDRESS (Street, city, town, stete) DATE BIGNED
<u>ה</u>	TP HIGHERER M.D. 44	11 traceplicate Gellin Med. 30xec 57
ĭ	23. BURIAL, CREMATION, REMOVAL (SPECIFY) DATE THEREOF REMOVAL (SPECIFY)	
2	BUTIAL DEC. 31/10/ Italy REGEEMI	Baltimore, Md.
3	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE WEST Broadway
	DATE 2-30-57 Merilla forward	Joseph William Foter BEI Air, Maryland

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April 2 hours after deats. After this all director, the third copy of this

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 13211

SV Reg. Dist. No....

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Harford Co. MARYLAND	STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL OR and give preparest lawn) (in this place)	CHY (It outside corporete limits, write RURAL end give nearest town) OR TOWN Fallston
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural give location) ADDRESS
	Lyroum Death Dec. 24 1957
S. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married 8. DATE OF	1897 60 yrs. Months Days Hours Min.
done during most of working life, even if or INDUSTRY refired Druggist self	Baltimore, Md.
IJ. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Leo Jefferson Lathroum	Mary Odie
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yas, no, or unk.) (If Yas, give war or datas of service)	Mrs. Mary C. Lathroum Md.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
4 IMMEDIATE CAUSE (A) TERMINAL AYPH	thris or Coronary Outside 15 min
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	ngestive Heart Failure 2 grs. = Vavilar insufficiency and Lardioneglis
STATING UNDERLYING CAUSE LAST. (C) AV terios clarosis	- Vavular Insufficiency
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	and Lardionegliz
196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES TO NO TA
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., efc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	Ic. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d, TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e, INJURY OCCURRED 12 White Not white at work 2	H. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 5 CPT	1957, to Dec., 19.57, that I last saw the deceased
alive on Dec. 20, 1957, and that death occurred at.	
William G. Type M.D.	ADDRESS (Street, city, town, state) DATE BIGNED 1 1 5 5 0 . //c Md / 2-24-57
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 12/27/57 Druid Ridge	1
24. REC'D BY REGISTRAB REGISTRAR'S SIGNATURE	2S. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE 12/27/57 Turner Forward	WIEDEFELD & SON-Greenmount & 22nd

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13	3196
13187 CERTIFICATE OF DEATH Reg. Dist. I	No. 185-
1. PLACE OF DEATH O COUNTY D. CITY OF TOWN (f outside perpende limits, write contents) D. CITY OF TOWN (f outside perpende limits, write contents) D. CITY OF TOWN (f outside perpende limits, write contents) D. CITY OF TOWN (If outside corporate limits, write contents) D. CITY OF TOWN (If outside corporate limits, write rural and give regress form)	d
23 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	nediest town;
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION d. STREET ADDRESS 114 21. Union Chy.	e IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED DECEASED OF THE CONTROL OF THE MONTH	Doy Year
I (all) 7 Months Do	EAR IF UNDER 24 HRS.
during most of working life, even it retired)	S, A
13. ENTRE'S NAME 14 MOTHER'S MAIDEN NAME LANGE VIEWER'S MAIDEN NAME LANGE VIEWER NAME LANGE VIEWER NAME LANGE VIEWER NAME LANGE VIEWER N	
15 AVAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (14 N. 14 N.	ior, ma
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	NTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate case (a), stating the under lying cause lost. DUE TO Lying cause lost. DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 160	PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. Doy, Tear 20d. INJURY OCCURRED Hour o. m. P. m. 19 Of work of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work Of work O	nty) (Stole)
alive on 19/1/2 and that death occurred at 8745P.M. from the causes and on the	t saw the deceased date stated above.
ACTUAL SIGNATURE ACTUAL SIGNATURE ACTUAL SIGNATURE M.D. ACTUAL SIGNATURE	12-26-57
PHYSICIAN'S NAME (Type) Ah. hences 149 UR o de Capoe, m	nd
220. BJRIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATION 22d. LOCATION [City, town, or county]	(State)
ADDRESS 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNAL SIGNA	euro on U.

BUREAU V. S.
BUREAU V. S.

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PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o COUNTY b. COUNTY MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town b. CITY OR TOWN (It outs do corporal c. LENGTH OF STAY IN 16 OR INSTITUTION (If not in haspital, give street address) 3. NAME OF Middle 4. DATE DECEASED (Type or print) I MEVER MARRIED 70 DIVORCED Joa. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUS NESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) during most of working life, even it retired) U.S. Govt .. Washington, D.C., 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no. or unknown) [If yes, give wor or dates of service] 705-14-0968 Frederick J. TIPE 18. CAUSE OF DEATH | Enter only one couse per line for (a), (b), and (c). PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO Canditions, if any, which gove rise to immediate cause **DUE TO** (a), stating the underlying couse last. PART HE OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Holding. WAS AUTOPSY 20g. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) PRIMARY Tor CONTRIBUTING TO 20d. INJURY OCCURRED | 20e PLACE OF INJURY (Home, form, Month, Day, Year 20c. TIME OF INJURY 20f. (City or lown) factory, street, office bldg., etc.) of work of work p. m. 21. I certify that I took charge of the remoins described above, held on Autopsy 1, inspection 1. opinion death resulted from: Notural couses [X]. Accident . Suicide . Homicide . Undetermined monner ASSISTANT MEDICAL EXAMINER **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER P 220. BURIAL, CREMAT ON, 226 DATE THEREOF 22d EOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY REMOVAL [Specify] Durig Dec. 26,1957 Trinity Lutheran 23. EUNERAL DIRECTOR'S SIGNATI 240. REC'D BY REGISTRAN mery land.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 180 Reg. Dist. No. a. IS RESIDENCE ON A FARM YES NO Months Hours 12. CIT ZEN OF WHAT COUNTRY? U.S.A. Ahingdon. Maryland. INTERVAL BETYLEEN ONSEL AND DEATH PERFORMED? NO 57 (County) (Stote) Inquiry . DATE SIGNED (Stote) Joppa, Harford,

BUREAU V. E.

/ 1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	19100
5	4 2 4 0 CERTIFICATE OF DEATH	13198 & [
Ī	PLACE OF DEATH O. COUNTY HATTAN 2. USUAL RESIDENCE (Where deceased lived. If institution: Reside a. STATE MARYLAND COUNTY A COUNTY A COUNTY A COUNTY A COUNTY A COUNTY	oce before admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and RURAL) and give negrest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and RURAL) C. CITY OR TOWN (If outside corporate limits, write RURAL and RURAL)	give negrest town)
1	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 277 Lietery Lane 277 Lietery Lane	e. IS RESIDENCE ON A FARM? YES NO PA
3	NAME OF DECEASED (Type or print) / (Citical ToSophi Loughing Tel Death 12)	Day Year 19.57
5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthdoy) Months 1 1 1 1 1 1 1 1 1	R 1 YEAR IF UNDER 24 HRS Doys Hours Min.
< 1 a	a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11/BIRTHPLACE (Stople or foreign country) 12. CI (USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11/BIRTHPLACE (Stople or foreign country) (USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11/BIRTHPLACE (Stople or foreign country) (USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11/BIRTHPLACE (Stople or foreign country) (USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11/BIRTHPLACE (Stople or foreign country) (USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11/BIRTHPLACE (Stople or foreign country) (USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11/BIRTHPLACE (Stople or foreign country) (USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11/BIRTHPLACE (Stople or foreign country) (USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11/BIRTHPLACE (Stople or foreign country)	CCS &
1	FATHER'S NAME FROUT LOUGHRAU 14. MOTHER'S MAIDEN NAME THE WALLE WILLIAM THE	vick
	WAS DECÉASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT GLO UNIFORM) (If yes, give were or dates of service) WY2 - Z17 VI ETOTEL LOW	Bel Au Wal
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which) Cornary ackersacleuse	145
	gove rise to immediate costs (a), stating the under-lying couse lost. DUE TO (c)	
TACOL A CHORD	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAI	RT 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
40000	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED How o. m. 19 Of work of work of work 19 O	(County) (Slote)
	21. I certify that I attended the deceased from Clary, 1955, to Cac, 1957, that I alive an Cac, 1957, and that greath occurred at 30 M, from the causes and an I	last saw the deceased
	ACTUAL SIGNATURE & Calyly And Charcher //e/	MA COATE SIGNED
	PHYSICIAN'S T. Ralph Horky MD Church vi	11e Md
2	DE BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERYXOR CREMATORY (22d. LOCATION (City. town, or county) REMOVAL(Specify) 12/23/57 (374)	P.G. Pourus.
2	EUNERAY DIRECTOR'S SIGNATURE aber Com de de Date / 240. REGISTRAR 246. REGISTRAR'S SI	

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DEC SO L

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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within 24 hours after death."

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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within 24 hours ofter death

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DEC 20 1957

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1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
•	13192 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
FOR STATE	Reg. Dist. No.
HEALTH DEPT.	PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
\$ 50 · E	a. COUNTY # 37- TO)- d MARYLAND O. STATE M. I GOUNTY Han land
r Pogs filer. Health	b. CITY OR TOWN (If outside corporate limits, write RURAL ond give negrest town)
doy.	[1] and give records forgers
d o d	d. NAME OF MOSPITAL OR INSTITUTION (If not in tropolital, give street address) d STREET ADDRESS AFT e 15 kt 1 E
ga ga ga	ONAF PI
S D D S	Harfard Memor B-6-4 IVES NO
e e e e e e e e e e e e e e e e e e e	3. NAME OF DECEASED A First Middle Last 4 DATE Month Day Year
A 0 4 0 5	(Type or print) /V() NCY NOCH NOTTIS DEATH DECEMBET / 197/
to the	5. SEX 6. COLOR OR BACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (in years IFUNDER 1YEAR IF UNDER 24 HR)
E SE	WIDOWED DIVORCED 5 Sept. 1939 / 8 yrs. Months Days Hours Min.
2 Program	100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
22 de 1	Machine Operator Bata Shoe Co. Penna. U.S.A.
\$ 200 8 E	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
Poges 1. pages 1 pages 1 pages 1	Howard Morris Amy Deckman
form File p	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address Apt. B-6-1
4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	No (If you, give wear or do'es al service) 213-36-9898 Howard Morris, Baldwin Man or, Aberdee 1
E SE SE	18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]
ond ond	PART I, DEATH WAS CAUSED BY:
n n n n n n n n n n n n n n n n n n n	9/9.6 IMMEDIATE CAUSE (o) DUE TO
be executed in Case Office original from the control of the case o	Condition Was MAN
S S S S S S S S S S S S S S S S S S S	gove rise to immediate couse
or or	(o), stating the underlying DUE TO
ing: xami as a	Approximately Approximately states and the state of the s
a dire	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED, IEnter nature of injury in Port 1 or Part 11 of item 18.) CAUSE OF DEATH.
in all in a land	E 200. EXTERNAL CAUSE WAS 205 DESCRIBE HOW INJURY OCCURRED, IEnter nature of injury in Port I or Part II of Item 18.)
d bed of,	200. EXTERNAL CAUSE WAS PRIMARY HOT CONTRIBUTING 200. DESCRIBE HOW INJURY OCCURRED_TEnter nature of injury in Port 1 or Port 1 or Port 11 of item 18.) CAUSE OF DEATH.
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#### 2 1.1	Hour gas 1/2 37 White Ned white [6] foctory, street, office bidgy etc.)
Ming day	
A 2 - 0-	21. I certify that I tack charge of the remains described above, held an Autapsy . Inspection . Inquiry . and in my
AL EX carded cross	apinion death resulted fram: Natural causes . Aecident . Suicide . Hamicide . Undetermined manner
บี่≘ี่ เตือ	ACTUAL OF SUIT COMMENT SUSPENDED BOLAN MY DATE SIGNED
AEDI e Cerri E DIR gnote	SIGNATURE A CHIEF MEDICAL EARMINER L
A Page	EXAMINER'S COSTOLIC C
5 9 5	NAME (Type) G & 7 0 1 0 C 8 1 /N & S M) DEPUTY MEDICAL EXAMINER []
execute 4 sho do	220 BURIAL CREMATION. 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)
2 5 5	Burial 12/11/57 Southern Methodist Dublin, Maryland
YS ATOME	23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRES
\$M 2/57	form output of the same
	De 11- X-derviso

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DEC 18 182

DECEINE

			AND STAT		MENT OF HEALT ATE OF DEAT		ORE, 1	Reg. Dist.	1204
	PLACE OF DEATH COUNTY H	arford		MARYLAND	2 USUAL RESIDENCE (Where deceased lived.	If institutio		before admission)
	b. CITY OR TOWN I RURAL ond give n	(If outside corporate limits earest town)		TH OF STAY IN 15		f outside corporate lim	nts, write RU		
00		TAL (If not in hospital, gi	ve street address)		d. STREET ADDRESS	and Street			e. IS RESIDEN ON A FAR YES NO
3.	NAME OF DECEASED	Fin		Middle	lost	4. DATE OF	Mont	h	Day Year
-	(Type or print)	Elizabe		C	Orsborn	DEATH De	redue		19
			7. MARRIED N		B. DATE OF BIRTH	9 AGE last	birthday)	Manihs Do	EAR IF UNDER 24
10	Female	UULA	WIDOWED	DIVORCED	February 7, 1	18 7) i 8	3 yrs		
11	dolling most of wor	king inte, even it retired)			USTRY 11 BIRTHPLACE (Sto	te ar fareign country)		12. CITIZE	N OF WHAT COL
)' -	Retired		House	Work	Marylan			ם	S.A.
13.	FATHER'S NAME				14. MOTHER'S MAIDEN	NAME			
	Enos				Ali	ce Chancey	7		
CY4	. WAS DECEASED EVE	R IN U.S. ARMED FORC		ECURITY NO. 17.	INFORMANT		Addre	755	
0					Hannah Toney	Bel Air.	164		
F	18. CAUSE OF DE	ATH [Enter only one cou	use per line for (o),	(b), and (c).]					INTERVAL BETWE
	PART I. DEATH WAS CAUSED BY: ONSET AND DEATH								
		DUE TO							6 Months
ATION	Conditions, if a gave rise to i couse (a), stating lying cause last.	mmediate the under: DUE TO (b) DUE TO (c)	Chron	ic Glomer	ular Nephriti			sion	10 Years
CERTIFICATION	Conditions, if a gave rise to it couse (o), stating lying cause lost. Part II. OT	mmediate (b). the under. (c). HER SIGNIFICANT COND	Chroni	I.C. GLOROY		MINAL DISEASE CONE	ITION GIVE	sion	6 Wonths
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CERTIFI	Conditions, if a gave rise to it couse (a), storing lying cause last. PART II. OTI 200. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY Hour o. jt., p. m. 21. I certify it alive an Doc	DUE TO Iny, which mediate the under. (b). HER SIGNIFICANT COND AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER; LY Manth, Day, Year 19	Chronic CONTRIBUTIONS CONTRIBU	TING TO DEATH BU W INJURY OCCURRI CURRED 20e. P while ork 1	ED. (Enter nature of injury in LACE OF INJURY (Home, for actory, street, affice bldg., etc.), 19 to D. h. accurred at 10:00	m. 20f (City or town lc.)	om 18.) 19.57. causes any or lown, st	(Country I last and an the last)	10 Years 10 Years 10 Years 10 Years 11 PERFORME YES NO
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1				MARYLA	ND S	TATE DEPARTM	ENT OF HE	EALTH-	-BALTIM	ORE, 1	8	2005	
				132	14	CERTIFICA	ATE OF D	EATH			Reg. Dist. N	JA00)
director		1	COUNTY	Tarford		MARYLAND	2 USUAL RESIDE	ENCE (Where	deceased lived.	If institution.	m: Residence be Harfor	fore admission	1)
d be fill			o. CITY OR TOWN RURAL and give r		write c.	LENGTH OF STAY IN 16		ACCC	ide corporate lin				
ter fe fu		-	I. NAME OF HOSP	ITAL (If not in hospital, give	street odd	rett)	d STREET ADI					e. IS RESID	ENCE
rs or by th 12 sl			OR INSTITUTION	Reckord R				cord	Rd.			YES I	NOX
led in			NAME OF DECEASED Type or print)	first MARY		Middle A.	tast RUPPER		DATE OF DEATH TO	Mon ecemb		Doy Yes	
fy full		5. :			MARRIED	NEVER MARRIED		· P T	9. AG	E (In years	IF UNDER 1 YEA	AR IF UNDER	24 HRS
Selection of the select]	Temale	White w	IDOWED	DIVORCED]	larch 12	1890) (6	birthdoy)	Months Day	Hours	Min.
cute comp coper th.		10a	during most of wo	ION (Give kind of work doing life even if retired)			STRY 11. BIRTHPLAC	CE (Stote or	foreign country)		12. CITIZEN	OF WHAT C	OUNTRY?
op but		_		e Work	A'	t Home.			e, Md.		U	S.A.	
e be on o corb ofter		13.	FATHER'S NAME	n Kolb			14 MOTHER'S M				*		
ficat ficat gve ave	-	15.		ER IN U. S ARMED FORCE	S? 16. SO	CIAL SECURITY NO. 17.	NFORMANT	argai	ret Eis	enre	ich.		
certi a ph certi 72 h	1	(Ye	NO or unknown)	Ill yes, give war or dates of servi	(0)	None	Howard	Ruppe	ert		Same.		
andin eose hin	5		18. CAUSE OF DE	ATH [Enter only one cous	A line f	or (a), (b), and (c)],	, /				11	TERVAL BETY	VEEN
a de la de l				ATH WAS CAUSED BY:	-0	NaestIV	e He	AR	TFI	LILL	IRe "	ZZ N	los,
the the The			4.20,0	DUE TO	31			A		3			_
s the			Conditions, if		M		rotice)			res	se	74	15.
signed signed if perr			gave rise to cause (a), stating lying cause last	the under- DUE TO	W	ith see	omper	usat	ion.			/ '	
physicia os been ial-trans		CERTIFICATION	PART II. OT	THER SIGNIFICANT CONDI	TIONS <u>CO</u> P	STRIBUTING TO DEATH BUT	NOT REATED TO T	THE TERMINA	L DISEASE CON	DITION GIV	EN IN PART 1(o)	19. WAS AU PERFORA YES 1	MED?
AN: The			200 ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)	AS UNDERLYING 20 G CAUSE OF DEATH Y MEDICAL EXAMINER)	b DESCRI	BE HOW INJURY OCCURRE	D (Enter nature of)	injury in Par	t I or Port II of	tem 18.}			
HYSIC for ath is certifuse as matian,		MEDICAL	20c TIME OF INJU Hour a.m	RY Month, Doy, Year	While	RY OCCURRED 20e Pt Not while at work	ACE OF INJURY (He clory, street, office b	ome, form, bldg., etc.)	20f. (City or lov	/n)	(Count	у)	(Stote)
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or A			AC MATURE	fora of	14	udron	м#	<i>F</i>	ork	7	ug.		
retai RAL Out		L	PHYSICIAN'S NAME (Type)	CLIFF	OR	DF.H.L	1 DSOI	V	F	OK	Kin	40	
HOSP oy be runki		220	BURIAL CREMATI	()	_	2c. NAME OF CEMETERY C	CE		d. LOCATION (City, town, o	or county)	(Stote)	. 4
5 5 7 4		23.	FUNERAL DIRECTO	12-21-5' R'S SHENNATURE	0 0 0	IOLV Redeen			Y REGISTRAR	24b. REGIS	TRAR'S SIGNAT	URE	2, 17
VS A1S (4) 15M 9/SS		K	charles	A deiler	301	ALTO 14	品計	one 9"	3 1957	Ho	mas	goore	
	*	4							-1001	/	3	1	

WANTER A WAR

13215 **CERTIFICATE OF DEATH** Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) a. COUNTY P COUNTY MARYLAND death. funeral uld be fi b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 (If owlide corporate limits, write RURAL and give nearest fown) c. CITY OR TOWN RURAL and give nearest town) shauld d NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION 25 YES NO .⊆ NAME OF Middle 4. DATE Manth Year Day filled DECEASED OF (Type or print) 4 DEATH 195 within 5. SEX 6. COLOR OR RACE 7. MARRIED B DATE OF BIRTH 9 AGE (In years HEUNDER TYEAR IF UNDER 24 HRS NEVER MARRIED last birthday) Months Days WIDOWED DIVORCED USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address ottending CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ā ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Then event **DUE TO** requires that ģ permit. Conditions, if any, which signed gave rise to immediate **DUE TO** couse (a), stating the underpuo lying cause lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19 WAS AUTOPSY PERFORMED? YES 🔲 NO 🔀 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Hour o. n. factory, street, affice bldg., etc.) While Not while at work at work p. m. 21. I certify that I attended the deceased from Mark. 1957, to 20 Dec. 1957, that I last saw the deceased 7___, and that death accurred at LA_M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) SIGNATURE ة 0 PHYSICIAN'S A.E. MOSELEY JARRETTSVILLE NAME (Type) TO FUNE 22a. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or county) (State) PMOVAL (Specify) FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a, REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE DATE 2

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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DEC 52 :

1 /	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	0.0.11
	13194 CERTIFICATE OF DEATH Reg. Dist.	3207 No. 185
director director	1. PLACE OF DEATH a. COUNTY Har For A MARYLAND 2 USUAL RESIDENCE (Where deceased lived If institution Residence b. COUNTY Har b. COUNTY Har	before admission) FOR
funeral uld be f	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) HOYRE-OL-GRACE 4 days LANRE-OL-GRACE	e negrest lown)
by the	1 d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION HAR FORD MEMORIAL HOSPITAL 607 BOURBON ST.	e IS RESIDENCE ON A FARM? YES NO
filled in		27 1957
pletely fi	Female WhiTe WIDOWED DIVORCED 10/4/1908 199 yrs. Months Di	YEAR IF UNDER 24 HRS.
and com on pope	House-WIFE SAME Md.	EN OF WHAT COUNTRY?
sician c ve carb urs after	13. FATHER'S NAME CITTURE OF RESTON 14. MOTHER'S MAIDEN NAME CECILAGRICE	
ling phy se remo	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no. or unknown) (Lyen, give wor or dollared vervice) OSELENTIC'M HOWARD SMITH, 407 BOUR	chon ST.
e offenden plea	IMMEDIATE CAUSE (0) / GESILE C. L New on live	INTERVAL BETWEEN ONSET AND EATH
s mar r d by th mit. Th ony eve	Conditions, if any, which gove rise to Immediate (b) Etrosin of puncy cutics . of uc durch o en i	
ian. in signe	lying couse lost. Case (o), stating the under- (c) A Cute alcard a.	
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tol ar a this cer or use a crematio	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. 19 While at work at work at work (Cau	unty) (State)
he bospi R: After ached fa	21. I certify that I attended the deceased fram 1, 19 5 to 2719) that I last alive an Dec. 27, 19 7, and that death accurred a P. M. fram the causes and on the	
ed by the RECTOR of the detail	ACTUAL SIGNATURE M.D. 1-1944 de Grate	DATE SIGNED 72-28-57
ERAL III	PHYSICIAN'S AM A', BRindlo- Harrade ORACE,	mel.
Poge The re	220. BUR AL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) 15 DRIAL 2/30/1959 AND FEL HILL HILL 1AUTE DEFRACE.	Md.
VS A1S (4) 15M 9/55	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS L'Enningten + Son, Have de Gray Md. DATE 12-31-57 Ch. L.	Keuro MIN

1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
4 50	- ")	ter 2. File 3195 CERTIFICATE OF DEATH Reg. Dist. No. 185-
directo	1. [PLACE OF DEATH COUNTY HORFORD MARYLAND 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) b. COUNTY b. COUNTY C. A. COUNTY D. COUNTY
ofter death y the funeral Z should be	17	c. CITY OR TOWN (If outside corporate limits, write rural and give nearest town) RURAL and give nearest fown) C. CITY OR TOWN (If outside corporate limits, write rural and give nearest town) C. CITY OR TOWN (If outside corporate limits, write rural and give nearest town) C. CITY OR TOWN (If outside corporate limits, write rural and give nearest town) C. CITY OR TOWN (If outside corporate limits, write rural and give nearest town) C. CITY OR TOWN (If outside corporate limits, write rural and give nearest town) C. CITY OR TOWN (If outside corporate limits, write rural and give nearest town) C. CITY OR TOWN (If outside corporate limits, write rural and give nearest town) C. CITY OR TOWN (If outside corporate limits, write rural and give nearest town) C. CITY OR TOWN (If outside corporate limits, write rural and give nearest town) C. CITY OR TOWN (If outside corporate limits, write rural and give nearest town)
fille		NAME OF Kalkering first Ann Middle Spellman 4. DATE Month Day Year OF OF DECEASED Kalkering First Ann Printly Spellman 12 27 1957
d within	5. S	emale white wipowed to Divorced 12-26-57 lost birthday yrs. Months Days Hours Min.
ond cam bon pape		USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? What country?
fificate be nove corbo		Martin Spellman fr. 6 miley Bernadyne
th certifi Jing phy se remo n 72 hou		WAS DECEASED EVER IN U. S. ARMED SORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address
t the dear the ottend Then plea		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO DUE TO
equires thom. signed by the permit of the only ex		Conditions, if ony, which gave rise to immediate code (o), stating the under-lying couse lost.
physicion physicion id-transion naval, on	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?, YES NO
thending thending hiftcote by the burner or, or ren		20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSignal or of this certain or use or use or use or use or cremofion	MEDICAL	20c. TIME OF INJURY Month, Day, Year Mouth, Day, Year 20d. INJURY OCCURRED While Not while of work 19 work of work 19 of
ENDING he hasping R: After coched fe		21. I certify that I attended the deceased from 12-2-1, 1957, to 2-2-7, 1957, that I last saw the deceased alive an 1957, and that death accurred at 1957, M, from the causes and on the date stated above.
OR ATT		ACTUAL SIGNATURE M.D. ADDRESS (Street, city or town, stote) DATE SIGNED M.D. ADDRESS (Street, city or town, stote) DATE SIGNED
	220	PHYSICIAN'S A. H. MICHARUS VR. FORT DO GO TO THE STATE OF CHARGE TYPE I 225-NAME OF CEMETERY OF CREMATORY 226-QUATION (City, town, or county) (State)
Pog The T	1	EGNOVAL (Specify) 12/38/57 M. ENN (State) FUNERAL DIRECTOR'S SIGNATURE ADDRESS, // 240, REC'D BY REGISTRAR 246, REGISTRAR'S SIGNATURE
VS A1S (4) 1SM 9/SS	2	1671-00 21

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e. 1	-41.		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13210
>	col		13197 CERTIFICATE OF DEATH Reg. Dist. No. 185
director	1	١١٦	PLACE OF DEATH a. COUNTY HARFORD MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MARYLAND b. COUNTY HARFORD
eral d	1.	1	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) BURAL and give nearest tawn)
e fun		-	HAVRE DE GRACE 11 DAYS HAURE DE GRACE d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. 15 RESIDENCE
by th			HARFORD HEMORIAL Hosp. 214 5 Washington VES NOR
led in		3	NAME OF DECEASED (Type or print) MARGARET VINSON TRONE DEATH DECEMBER) 19 1959
tely fille Poges		5	SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost bir]hday) Months Days Haurs Min.
cample popers.	÷ . \	1	00. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 17 BIRTYPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY?
and co	death		during most of working life, even if retired) HSWf. MARY/AND U.S. A.
ician e	s offe		John D. Vinson Willard BAKER LOGAN
ng phys	72 haur	1	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT. YES, no, or unknown) 18 yes, give wor or dries of services Minkmourn Dr. D. L. Juine h. Hongs of the forces of services of the services of
attendi en pleas	mi ishin		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HOULD SEMAPHOCCUTE RELEASE CONSET AND DEATH ONSET AND DEATH AND DEATH
ا با جا جا	× 6×6		Conditions, if any, which)
signed permi	in an		gave rise to immediate case (a), stating the under.
siciar seen	<u>.</u>		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
9 phy hos l	a a a a a a a a a a a a a a a a a a a		YES NO X
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al or ot this cert	motion		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. 19 work of work o
haspit After hed fo	nal, c		21. I certify that I attended the deceased from 11. 16 th., 19 17 to the 19 17 that I last saw the deceased
TOR: detac	20		alive an
DIRECTOR DIR	prior	3	SIGNATURE AUSTRALIE (12/19/1-)
ERAL	Bismel	1	PHYSICIAN'S Edward C. Loo, M.D. Havre ac Epace, Ind.
O FCN Poge	the rec	Ì	22c. NAME OF CEMATION, 22b. DATE THEREOF 22c. NAME OF CEMATORY , 22d. LOCATION (City, town, or county) (State)
VS A1S (4)	*	2	3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS DATE 12-21-57 (1) XX XX III.XI
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DATES

	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
	13216 CERTIFICATE OF DEATH 13211 Reg. Dist. No. 7	TI
1	1. PLACE OF DEATH O. COUNTY O. STATE D. COUNTY	n)
	Harford Martiand Florida Walton	1/
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
	Aberdeen DeFuniak Springs 4 d NAME OF HOSPITAL (If not in hospitol, give street oddress) d. STREET ADDRESS e. 15 RESID	
9	OR INSTITUTION ON A F	ARM?
	U.S. Army Hospital, APG, Md. 304 S. 2nd Street 3 NAME OF First Middle Last 4. DATE Month Day Ye	
	DECEASED	4450
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 B. DATE OF BIRTH 19. AGE (In years IF UNDER 1 YEAR IF UNDER	-
	M Cau WIDOWED DIVORCED 23 October 1955 Lost birthdoy) Months Days Hours	Min.
	10c. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 112. CITIZEN OF WHAT C	OUNTRY?
11	during most of working life, even if retired) Child United Stat	ae
	13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME	0.0
	Charlie M. Whitton Helen Annett Ruryk	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT [For yet give wor or dates of service] 16. SOCIAL SECURITY NO. 17 INFORMANT Term Street	
	No Father Edgewood, Maryland	
	1B. CAUSE OF DEATH [Enter only one course per line for (a), (b), and (c).]	WEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Bacterial meningitis, pneumococcic	EAIN
	DUE TO	
J	Conditions, if any, which by (b)	
	cesse (a), stoting the under. DUETO	
	Part II. Other SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AL	120001
*	PERFOR	MED?
		ио П
	206. ACCIDENT WAS UNDERLYING ☐ 206. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING ☐ CAUSE OF DEATH	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County)	(Stote)
	20c. TIME OF INJURY Month, Doy, Year Hour o. m. While Not while of work of wo	
	21. I certify that I attended the deceased from 6. December ., 19.57, to 7. December ., 19.57, that I last saw the d	econod
	alive on 7 December 19 57, and that death occurred at 1:15 BM, from the causes and on the date stated	ahave
	ADDRESS (Street, city or town, stote) DAT	E SIGNED
	SIGNATURE William 97 . The William USAH APG Md. 9 December	195
- /	BMVE/PIANIPE	
	PHYSICIAN'S NAME (Type) WILIJAM M. MICHENER, Capt, MC	
	220 BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote)	
	Removal 12/10/57 Magnolia Cemetery DeFuniak Springs, Fla 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS SIGNATURE	
	hatry - If Tonic a Ahandean Md	
	growing Abertaeon, mas parie. 10.5/1/ where -1.	No
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 13198

13212

10100		- 0. 5	Reg. I	Dist. No. 18	3	
1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED				
COUNTY HARFORD	MARYLAND	STATE MID.	COUNTY /+	4PFORD		
	LENGTH OF STAY (in this place)		rate fimils, write RURAL and give	nearest town)		
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN HAVRE DEGRACE	6 MOS.	TOWN HAVRE	DEGRACE			
HOSPITAL OR	4	STREET	(If rural give local	lion)		
INSTITUTION OR STREET ADDRESS 200 So, UNION A	tYE,	200 So. 4	NION AVE.			
3. NAME OF (First)	(Middle)	(Last)	4. DATE (Month)	(Dey) (Yi	ear)	
(Type or Print) CHARLES		LBERT MD.	DEATH DEC	, 3 19	57	
5. SEX 6. COLOR OR 7. SINGLE, MA RACE WIDOWED,	DIVORCED				ER 24 HR	
MALE NHITE Specify in		- 11,1898	59 yes. Mont	iha Days Hours	s Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if	OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WI	HAT	
retired) MEDICAL DOCTOR 1	PETIRED	CHIO		U.S.A		
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME			
FRANK MALRICE WOLBE	ERT	CARCLYNC	· BURLING,	4.14		
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT &		YAVRE DE GA	PAIE	
(Yes, no, or unk.) (If Yes, give war or dates of service)		DR. FRANK	WOLBERT	MO		
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEA	18. MEDICAL CE	RTIFICATION		INTERVAL BET		
IMMEDIATE CAUSE (A)	Foute Pul	morary En	leoliesse.	ONSET AND	DEATH	
ANTECEDENT CAUSE(S) DUE TO	. DIO	0-+0 1 i	. D.C.	1		
DISEASES OR CONDITIONS, IF ANY, (8) GIVING RISE TO THE ABOVE CAUSE	Mirue 1 100	1-4-4-1	is I seg	13 y	20	
STATING UNDERLYING CAUSE LAST. DUE TO			1			
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	rali maner	Al lance	· total	1 14	7,	
DISEASE OR CONDITION CAUSING DEATH. / P	GS OF OPERATION	1	concerne	20. AUTOR	0573	
	7	9		. 6-4	10	
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (H OR CONTRIBUTING CAUSE OF DEATH OF INJURY street (IF EITHER, NOTIFY MEDICAL EXAMINER)	loma, farm, factory, et, office bldg., etc.)	21c. WHERE DID INJURY OCCUP	(City or town)	(County) (Stat	ia)	
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	21e. INJURY OCCURRED While Not whila	211. HOW DID INJURY OCCU	RP			
22. I hereby certify that I attended the de		4 10 87 h 73	Der. 10 -7 1			
alive on 54.0.3., 19.5.7	and that death presured a	330 A. H. L.	Monthern, IV. Dukin, III	ar I last saw the di	eceased	
SIGNATURE //	Ind that death occurred a		auses and on the date s RESS (Street, city, fown, state		SIGNE	
1/allright. Da	careful mo 6	ce S. Usuin	Av Hande	Exactle 1	12/3/	
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY OF		LOCATION (City, town, or co	ounty)	(510%)	
BUPIAL DEC. 5,19	5) ANGEL HI	IL C'EM.	HAYRE DEGA	PACE /	No.	
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATU	JRE / ,	25. FUNERAL DIRECTOR'S		ADDRESS		
DATE 12-5-57 1 1 X:	Kourso M. A	W. Tilladisin Th	Wellett Han	.d. Hans 4	111	

T'A A TIME

W. GELA L.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

director death. UBETO offer Eq within 24 hours 0 filled completely certificate ding that the á gned been si Intained HOSPITAL OR 0 VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13214 MEDICAL EVAMINED'S CEDTIEICATE OF DEATH

10133 MESIC	m 9 FilmC223 12	-26-57 et	01 017	Re	eg, Dist.	No.	100
1. PLACE OF DEATH o. COUNTY Harford	MARYLAND	2. USUAL RESIDENCE (Where o. STATE Deleware		If institution: . COUNTY	Residence	before e	odmission)
L CITY OF TOWN IN	CENTRAL OF STAN INCHE	CITY OR TOUR AT	4	to to the party			

Harford	MARYLAND	o. STATE DOLEWARD B. COUNTY	V
b. CITY OR TOWN III autside corporate fimits, write RUBAL and give rearest town) Havre de Grace	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and giv	re nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in he Harford Memorial Hospital		d. STREET ADDRESS 12 Park Lane	e. IS RESIDENCE ON A FARM? YES NO

RS.

(State)

12-16-57

(State)

3. NAME OF DECEASED (Type or print)	William T. Wra	Middle	Lost	4. DATE OF DEATH	Month Dec 1	9 7-	Year 19
5. SEX	6. COLOR OR RACE 7. MARRIEI		DATE OF BIRTH		9. AGE (In years fast birthday)	Months Doys	IF UNDER 24

during noul of working life, even if (fitted)	Service State	on DelAw	ARE US	1
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	1	
William Thomas	WRIGHT	Adele	WAISTRUM	
15. WAS DECEASED EVER IN U. S. ARMED FORCES	7 16. SOCIAL SECURITY NO. 17.	INFORMANT	Address	

10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)

-					
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)				OWEL GRAPH
	825X	DUE TO			
	Conditions, if ony, which				
	gave rise to immediate couse (DUE TO		100	
	Language Local				

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? NO []

CERTIFICATION 200. EXTERNAL CAUSE WAS PRIMARY OF OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) Auto accident WEDICAL Month, Day, Yeer 200 Clace Of INJURY Home. form, 201 (City or town) 1111 Cecil

Md. Not while a. m. of work at work 21. I certify that I took charge of the remains described above, held on Autopsy [], Inspection and in my

Suicide . Homicide], opinion deoth resulted fram: Notural couses Undetermined monner

DATE SIGNED ACTUAL

Gerald C. Palmer M.D. **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type)

220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify)

Burt 1 12-Wilmington Delaware 76. REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR Nicholas J. Corleto Wilm., Dela

Office along with form PM3. P poges ONY burial-transit writing the ward "pending" in to the Chief Medical Exominer 0 cremotion. pasa should DIRECTOR: DEPUT TO FUNE VS. A15ME

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BUREAU V. E. makes the supplied that were the second of t JEC 10 1027